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APPLICANTS

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** CONTINUING DATA ***** *NONE*
CME

** FOREIGN APPLICATIONS ***** *NONE*
CME

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NY	15	23	3
Examiner's Signature <i>CME</i>	Initials <i>CME</i>			

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TITLE

APPARATUS AND METHOD FOR STAIRCASE RAISED SOURCE/DRAIN STRUCTURE

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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